

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 156

Local Registrar's No. 13

1. PLACE OF BIRTH

County Gila

State

District or Township

or Village

City

Hayden

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Ann Griffith

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY

4. Twin, triplet or other

6. Legitimate?

7. Date of birth

Feb 15 1927
Month Day Year

8

FATHER

Full name

Chris Griffith

14

MOTHER

Full maiden name

Bertrude Jackson

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Hayden

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Hayden

10. Color or race

white

11. Age at last birthday 38 (Years)

16. Color or race

white

17. Age at last birthday 23 (Years)

12. Birthplace (city or place)

(State or country)

suburn Ky.

18. Birthplace (city or place)

(State or country)

Phillipsthe Mo.

13. Occupation

Nature of industry

clerk

19. Occupation

Nature of industry

House wife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

at 7-10 p.m. on the date above stated.

Signature

Charles B. H. H. H.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Address

Hayden Arizona

Filed

Feb 16, 1927

Registrar

Registrar

278-215-715

order of birth stated.